

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006208

1. Entity Name

TREASURE COAST COORDINATION COALITION, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90071 033 ****61.25

Principal Place of Business

9350 S. US #1
PORT ST. LUCIE FL 34952

Mailing Address

9350 S. US #1
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIGGS, NAN R
9350 S. US #1
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, DANIEL F	
STREET ADDRESS	1701 GULFSTREAM AVENUE 717	
CITY-ST-ZIP	HUTCHINSON ISLAND FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHESON, SUZANNE	
STREET ADDRESS	3748 SW SUNSET TRACE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIGGS, NAN R	
STREET ADDRESS	1419 DYER POINT ROAD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, GWENDA L	
STREET ADDRESS	1574 HARBOUR ISLES CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZZOUCOLO, BETH	
STREET ADDRESS	324 MILLARD STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWSE, TRACY	
STREET ADDRESS	1215 BELL AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nan R Griggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/01

561/335-3030
Daytime Phone #

CR2E037 (10/00)